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SUBJECT: THE HIV/AIDS SCENARIO IN INDIA'S EAST AND NORTHEAST

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¶1. (SBU) Summary: In July, India's National AIDS Control Organization (NACO) released the results of an analytical exercise supported by UNAIDS and the World Health Organization (WHO) that provided new, lower estimates of HIV prevalence in India. The exercise, conducted in 2006, found that approximately 0.36 percent of India's population (an estimated 2 million to 3.1 million people), was infected with HIV/AIDS. The analysis, reportedly based on better methodologies, significantly reduces the number of infections from earlier estimates of 5.2 to 5.7 million. However, the report does not diminish concern over increased HIV/AIDS infections in districts of the "highly vulnerable" Eastern states of Bihar, Orissa and West Bengal and over a generally worsening situation in the "high prevalence" Northeastern states of Manipur and Nagaland. GOI health officials and international partners need to focus on these growing pockets of infections in Eastern India and the Northeastern states to effectively combat HIV/AIDS in India. End Summary.

¶2. (SBU) On July 6, NACO released the results of its 2006 estimates on HIV/AIDS infections in India. This latest report found an HIV/AIDS prevalence of approximately 0.36 percent, which corresponds to an estimated 2 million to 3.1 million people living with HIV in the country. This number is down significantly from early estimates of 5.2 to 5.7 million. Union Minister for Health and Family Welfare Dr. Anbumani Ramadoss, commenting on the significant drop in estimated infections, said that "Revision of estimates based on more data and improved methodology marks a significant improvement in systems and capabilities to monitor the spread of HIV, a sign of the progress we have made in understanding the epidemic better. This is welcome progress. Unfortunately, the new figures still point towards a serious epidemic with the potential to trigger off if the prevention efforts identified in the NACP III (third National AIDS Control Plan) are not scaled up rapidly and implemented in the desired manner." In addition, the report specifically raises concerns about HIV/AIDS trends in East India and notes that new pockets of high HIV prevalence have emerged in 29 districts, particularly in the states of West Bengal, Orissa and Bihar.

Alarming HIV/AIDS Infection Rise in Rural Bihar

13. (SBU) Bihar State AIDS Control Society (BSACS) Executive Director K.P. Ramaiah, speaking of his organization's Surveillance Report for 2006-2007, noted an "alarming" rise in HIV/AIDS cases in Bihar and added that, "The situation is turning from bad to worse." Ramaiah highlighted that the disease was spreading to new areas, with ten districts where previously no cases of HIV/AIDS had been detected were now having a high prevalence. (Note: Areas are assessed as "high prevalence" if the rate of HIV prevalence in ante-natal women is 1% or more. End Note). The "worst-hit" districts Ramaiah identified included Banka, Lakhisarai, Madhepura and Rohtas, and East Champaran and West Champaran districts. Other high prevalence districts included Muzaffarpur, Kishanganj and Purnia.

14. (SBU) According to the latest report published by Population Foundation India, BSACS and UNAIDS, the HIV prevalence rate for Bihar in 2006 was 0.76 percent, up from 0.67 percent in 2005. The Bihar State AIDS Control Society (BSACS) Voluntary Counseling and Testing Centers report estimates that the approximate number of HIV positive persons in the state was 13,500. The BSACS 2006 Sentinel Surveillance report determined that the HIV prevalence rates in the state of the following populations were: Injecting Drug Users (IDU) 0.2 percent, ante-natal care women (ANC) 0.4 percent, persons seeking treatment for sexually transmitted diseases (STD) 1 percent, men having sex with men (MSM) 0.3 percent and female sex workers (FSW) 1.6 percent.

15. (SBU) The average HIV prevalence for the state is below epidemic levels but as noted by Ramaiah, there are a significant number of districts in Bihar where increasing HIV positive cases are being reported. In 2005, BSACS started a Mobile Awareness and Testing (MAT) Campaign reaching out to all 38 districts in the state via mobile vans to raise awareness among the largely rural population, with limited access to health centers and ignorant about HIV/AIDS and provide testing facilities to those

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willing to be counseled and tested for HIV. Confirming what Ramaiah had observed, the MAT campaign has also identified increased positivity in several districts within the state as: East Champaran (Motihari), West Champaran (Bettiah), Sitamarhi, Kishanganj, Khagaria, Purnea, Muzaffarpur and Madhubani.

16. (SBU) According to government and U.N. health officials, returning migrant workers and poverty are fueling the spread of HIV in these densely populated districts of Bihar. The number of migrant workers from Bihar ranges from 2 million to 10 million. Not all migrants are a higher risk and studies have shown that long-term single migrants are more vulnerable than others. However, many migrant workers become HIV-positive from prostitutes in cities such as Mumbai or Bangalore, and then transmit the virus to their partners and families on returning home to Bihar.

17. (U) BSACS has also undertaken a mobile awareness campaign focusing on the problem of parent to child transmission of HIV through the Prevention of Parent to Child Transmission (PPTCT) campaign. According to the BSACS website ([www.HYPERLINK "http://www.bsacs.org"](http://www.bsacs.org) .bsacs.org), in 2006, 20,607 pregnant women in 38 districts were tested for HIV and 58 positive cases were recorded. (Comment: This highlights the importance of raising awareness among expectant mothers about HIV/AIDS. However, low literacy (which is as low as 31 percent in Kishanganj district, with the state average being 47 percent), poverty and poor health infrastructure make spreading awareness about HIV/AIDS very challenging in Bihar. End Comment.).

Drug Use Fuels Infections in Orissa

¶8. (SBU) The state of Orissa on India's East coast attracts both national and international tourists with its "golden triangle" of historic temple sites in Puri, Konark and Bhubaneswar. Due to the influx of visitors and other factors, drug use is reported to be increasing and consequently, there is a high prevalence of HIV among injecting drug users (IDUs) in the state. According to the Orissa State AIDS Control Society (OSACS), prevalence among IDUs is 10.4 percent. However, OSACS officials did not comment on the relative trend among IDUs since they say that the surveillance site for IDUs only started in 2006, so previous years' figures are not available. For Orissa, the ANC prevalence rate is 0.55 percent, in STI patients is 2.34 percent, and in FSW is 1.00 percent.

¶9. (SBU) While the general prevalence rate for Orissa is 0.22 percent, there are three high prevalence districts within the state: Ganjam, Balasore and Khurda. The situation in Ganjam district appears the most serious. ANC prevalence rate for this district is 3.25 percent and in 2006, there were 2446 reported HIV positive cases and 234 reported deaths. According to news reports, one of the reasons for high prevalence of HIV/AIDS in this district is, as in Bihar, a large migrant laborer population. Unsafe sex with prostitutes especially in Maharashtra and Gujarat exposes the laborers to infection which they then pass on to their sexual partners once they return home.

West Bengal Sees Sharp Rise IDUs and FSWs with Doubling of
Infections among Prenatal Women

¶10. (SBU) The ninth round of [HYPERLINK](#) "javascript:show_window('wbsapcs.ppt')" HIV Sentinel Surveillance in West Bengal (conducted in August-October 2005) revealed an average HIV prevalence of 0.90% among ANC attendees or pregnant women at nine designated sites. This is double the 2004 figure, which was just 0.43 percent, indicating a rapidly increasing trend in reported HIV positive cases in the state. As of March 31, 2007 the State AIDS Prevention and Control Society (SACS) reports that the total number of cumulative registered AIDS cases in WB was 3,888.

¶11. (U) While WB is not considered a "high prevalence" state, the ANC sites for Kolkata city and Burdwan district show HIV/AIDS prevalence rates of 2.25 percent and 1.25 percent

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respectively. In addition, 2005 HIV/AIDS prevalence among IDU populations was 7.41 percent, up sharply, almost a three-fold increase, from just 2.22 percent in 2004, with the Darjeeling district being the worst affected.

¶12. (U) The striking upward trend was also evident among FSWs as the prevalence reached 6.80 percent in 2005, up from 4.11 percent the previous year. It was the highest among FSW populations in Kolkata city, South 24 Parganas and East Midnapur districts. The corresponding figures for the MSM population were 0.54 percent in 2005, down from 1.33 percent in 2004.

¶13. (U) Comment: WB shares international borders with Bangladesh, Bhutan and Nepal, and the northern areas of the state are the conduit for the flow of people and goods from the Northeast states and from Southeast Asian countries such as Burma. Human and narcotics trafficking across these borders is a perpetual problem. Trafficking and sexual exploitation and a lagging awareness of high-risk behavior constitute a potent combination that facilitates the spread of HIV/AIDS.

¶14. (U) Comment Continued: WB also witnesses large-scale migration, both into and out of the state. Separation from families, lack of access to information, health services and social support systems can lead to social and sexual practices that make migrants more susceptible to HIV/AIDS exposure. This

also translates into an increased vulnerability for married women. Most married women have only their husbands as sexual partners, but lack the awareness and power to negotiate safer sex. End Comment.

In High Prevalence NE States HIV/AIDS Spreads from IDUs to General Populace

¶15. (U) Manipur is a high prevalence HIV/AIDS state in Northeast India. Manipur's proximity to Burma, the world's second largest producer of illicit opium, has made this state a major transit route for drug smuggling. As a result of the availability of illicit drugs, HIV prevalence among IDUs is a serious concern and while HIV prevalence rate among this group has come down from a shockingly high rate of 72.78 percent in 1998, it was a still dismal 19.8 percent in 2006. Local health officials attribute the reduction to the deaths of many IDUs over the past ten years from various medical complications. However, the failure to stem infections among IDUs has meant HIV/AIDS is no longer confined to the IDU group, but has spread further to the sexual partners of drug users and their children.

¶16. (U) According to the Manipur State AIDS Control Society, until March 2007 a total of 191,793 blood samples were screened. Of these samples, 25,905 were HIV positive, with 6,110 positive women. Since 1986, 4,030 AIDS cases have been reported and 589 have died of AIDS. HIV prevalence among pregnant women is 1.3 percent, STDs 4.8 percent, among male sex workers 12.4 percent and among FSW 11.6 percent.

¶17. (U) Nagaland is the other high prevalence state in Northeast India but it has some positive trends among IDUs and ANC. The current HIV prevalence rate for the state is 1.22 percent. According to the Nagaland State AIDS Control Society, since the year 1999, 4,788 HIV positive cases have been reported. HIV prevalence rate among IDUs is 2.4 percent in 2006, down from 4.51 percent reported in 2002. Prevalence among pregnant women decreased to 1.2 percent in 2006 from 1.63 percent in 2005. However, the prevalence among FSWs has shown a persistently increasing trend from 2003 onwards, when it was 4.40 percent to 10.80 percent in 2005, and the recent 2006 figure at 16.4 percent.

COMMENT

¶18. (SBU) The 2006 NACO report showing a significant reduction in India's overall estimated HIV/AIDS infections, while positive, does not appear to change the reality in Eastern India of rapidly growing pockets of infection. In addressing

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HIV/AIDS, the GOI and international health community have primarily focused their attention and efforts on high prevalence states in the India's South and West, where the overall numbers are high, but also where the health facilities and resources are generally better than in the poorer states of the East and Northeast. As a result, the Eastern and Northeastern states struggle with limited awareness among the general populace about HIV/AIDS and lack adequate healthcare infrastructure with which to combat the problem. The results of the 2006 NACO report ultimately risks fostering a sense of complacency, which will exacerbate the already weak response to the HIV/AIDS crisis in India's East. Given the prevailing infection trends, India's Eastern states will likely move from the "highly vulnerable category" to the "high prevalence category" in the next few years unless increased efforts are made by the GOI and the international community to combat HIV/AIDS in the region. Any serious effort to control HIV/AIDS infections in India ultimately will have to include directing greater attention and

resources to the Eastern and Northeastern states.
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